

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Addressee Copy
Label 11-F, April 2004



EXPRESS MAIL

Post Office To Addressee

UNITED STATES POSTAL SERVICE®

DELIVERY (POSTAL USE ONLY)		Time	<input type="checkbox"/> Day	<input type="checkbox"/> Employee Signature
Delivery Attempt				
Mo.	Day			Employee Signature
Delivery Attempt				
Mo.	Day			Employee Signature
Delivery Date				
Mo.	Day			Employee Signature
Delivery Date				
Mo.	Day			Employee Signature

USPS MAIL CENTER

APR 10 9 06

TIME SENSITIVE DELIVERABLE

NO WAIVER OF SIGNATURE (Domestic Mail Only) Insurance is void if waiver of signature is requested. Signature required for delivery of insured mail. Signature required for delivery of insured mail. Signature required for delivery of insured mail.

NO DELIVERY

Customer Signature

ORIGIN (POSTAL SERVICE USE ONLY)									
PO ZIP Code		Day of Delivery		Postage					
		<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Dst. Day				\$			
		Scheduled Date of Delivery				Return Receipt Fee			
		Month		Day				\$	
		Scheduled Time of Delivery				COD Fee		Insurance Fee	
		<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM				\$		\$	
		Military				Total Postage & Fees			
		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day				\$			
		Int'l Alpha Country Code				Acceptance Emp.		Initials	
Date Accepted		Mo.		Day		Year			
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM							
Flat Rate		<input type="checkbox"/> or Weight							

Customer Use Only

FROM: (PLEASE PRINT) []	TO: (PLEASE PRINT) []
PHONE () 790 3500	PHONE () 790 3500

FOR PICKUP OR TRACKING: Visit **WWW.USPS.COM** or Call 1-800-222-1811

PRESS HARD. YOU ARE MAKING 3 COPIES.

BEST AVAILABLE COPY